	Case 18-15957-an		ed 10/09/18 Enter cument Page 1 c	red 10/09/18 12:04:59 of 2	Desc Main
Fill in th	nis information to identify	your case:			
Debtor 1	Deborah First Name		Collins115957		
Debtor 2		Middle Name			
	f filing) First Name tates Bankruptcy Court for the:	Middle Name  Fastern District of Pennsy	Last Name		
Case nur	10 15057	Lastern Bistrict of Forms	yivania	Oh In 'f the '- in -	
(If known)			_	Check if this is:	
				☐ An amended filing	
				income as of the fol	ring postpetition chapter 13 lowing date:
Officia	l Form 106l			MM / DD / YYYY	
	I - I - V	ır İncomo			40/45
Be as co	g correct information. If yo	ossible. If two married pou are married and not	filing jointly, and your spou	ebtor 1 and Debtor 2), both are ise is living with you, include in	formation about your spouse.
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## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

ZIP Code

State

City

2

State ZIP Code

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

City

How long employed there? 2

	For Debtor 1	For Debtor 2 or non-filing spouse
<ol> <li>List monthly gross wages, salary, and commissions (before a deductions). If not paid monthly, calculate what the monthly wage</li> </ol>		\$
8. Estimate and list monthly overtime pay.	3. +\$	+ \$
Calculate gross income. Add line 2 + line 3.	4. \$ 6639.00	\$

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Deborah Debtor 1

First Name Middle Name Last Name Document 5957 Page 2 of 2 Case number (if known) 18-15957

		For	Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	<b> →</b> 4.	\$	6639.00	\$	
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$	1608.00	\$	
5b. Mandatory contributions for retirement plans	5b.	\$	200.00		
5c. Voluntary contributions for retirement plans	5c.	\$	133.38	\$	
5d. Required repayments of retirement fund loans	5d.	\$	150.79	\$	
5e. Insurance	5e.	\$	241.00	\$	
5f. Domestic support obligations	5f.	\$		\$	
5g. Union dues	5g.	\$		\$ \$	
5h. Other deductions. Specify:	_	+\$		+ \$	
		' ⊅	0000.47	' \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f +	5g + 5h. 6.	\$	2333.17	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4305.83	\$	
8. List all other income regularly received:					
<ol> <li>Net income from rental property and from operating a busine profession, or farm</li> </ol>	ess,				
Attach a statement for each property and business showing gross					
receipts, ordinary and necessary business expenses, and the total monthly net income.	al 8a.	\$		\$	
8b. Interest and dividends	8b.	\$		\$	
8c. Family support payments that you, a non-filing spouse, or a regularly receive	dependent	<b>~</b>		· · · · · · · · · · · · · · · · · · ·	
Include alimony, spousal support, child support, maintenance, div settlement, and property settlement.	vorce 8c.	\$		\$	
8d. Unemployment compensation	8d.	\$		\$	
8e. Social Security	8e.	\$		\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash that you receive, such as food stamps (benefits under the Supple Nutrition Assistance Program) or housing subsidies.  Specify:		\$		\$	
8q. Pension or retirement income	8g.	\$		¢	
·	_	Ψ		Ψ	
8h. Other monthly income. Specify:		+\$		+\$	
9. <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8	8h. 9.	\$		\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spous	se. 10.	\$	4305.83	+ \$	<b>=</b> \$4305.83
11. State all other regular contributions to the expenses that you list Include contributions from an unmarried partner, members of your hot friends or relatives.			ents, your roo	ommates, and other	
Do not include any amounts already included in lines 2-10 or amounts	s that are not av	/ailable	to pay expe	nses listed in Schedule J.	
Specify:				11. •	<b>+</b> \$
12. Add the amount in the last column of line 10 to the amount in line Write that amount on the Summary of Your Assets and Liabilities and				•	\$4305.83
13. Do you expect an increase or decrease within the year after you  ☑ No.	file this form?	•			monthly income
Yes. Explain:					